



# LORADO OIL & GAS CONSERVATION COMMISSION

## NORTHEAST REGION FIELD INSPECTION REPORT



<input checked="" type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION		337 Cambridge	
<input type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION		Brush, CO 80723 970-842-4465	
Date: 9-11-01	Facility ID:	Operator: McElvain	
Location: NENE 10-2N-54W		Lease Name: Shelby 1	
API Number: 05-121-07074		Inspector: ED BINKLEY Cell: 970-380-2683	
INSP TYPE: <input checked="" type="checkbox"/> A	INSP STATUS: <input checked="" type="checkbox"/> A	RECLAM <input type="checkbox"/> PASS <input type="checkbox"/> INTER <input type="checkbox"/>	PASS/FAIL <input type="checkbox"/> P <input type="checkbox"/> F
VIOLATION <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		NOV <input type="checkbox"/> Y <input type="checkbox"/> N	
UIC VIOL TYPE: <input type="checkbox"/> UA <input type="checkbox"/> MI <input type="checkbox"/> OP <input type="checkbox"/> PA <input type="checkbox"/> OT		TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/>
ALL UIC VIOLATIONS REQUIRE NOVS			
Well ID Signs (Rule 210) <input checked="" type="checkbox"/> N		Comments: Tank battery	
Fences Y N		Comments:	
(Rule 603.b.(7), 1002.a)			
Production Pits (Rule 902, 903, 904)		Produced Water Pits Total # _____ Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
EARTHEN PITS ONLY		Comments: _____	
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO		Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____	
		Comments: _____	
		Special Purpose Pits Total # _____ Lined # _____ Unlined # _____	
		Comments: _____	
Tank Battery Equipment (Rule 604)		2 Tanks, VHT <input type="checkbox"/>	
		BURIED OR PARTIALLY BURIED VESSELS: #STEEL _____ #FIBERGLASS _____ #CONCRETE _____ #OTHER _____	
Fire Walls/Berms/Dikes [Rule 604.a.(4)]		<input type="checkbox"/>	
General Housekeeping (Rule 603.g)		<input type="checkbox"/>	
Spills (Oil/Water) (Rule 906)		oil soil on road ROW, around well and tank battery <input type="checkbox"/>	
UIC Routine Inspection		Inj. Pressure _____ Psig	
FILL OUT FORM 21		T-C Ann. Pressure _____ Psig	
WHEN WITNESSING MIT		COMMENTS	
Drilling Well/Workover 1800hr (Rule 317)		Western Well site rigged up to plug well factor stuck in hole with tubing <input type="checkbox"/>	
Surface Rehabilitation (Rule 1003, 1004)		grassland <input type="checkbox"/>	
Miscellaneous		<input type="checkbox"/>	
CORRECTIVE ACTION REQUIRED: Remove equipment, clean oily dirt and restore grass. Submit work plan for pit close and water discharge area.			
Date Corrective Action Required By: 9-30-01		Date Remedied: _____	

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# COLORADO OIL & GAS CONSERVATION COMMISSION

## NORTHEAST REGION FIELD INSPECTION REPORT



<input checked="" type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION		337 Cambridge	
<input type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION		Brush, CO 80723 970-842-4465	
Date: 9-13-01	Facility ID:	Operator: McElvain	
Location: NENE 10-2N-54W	Lease Name: Sheibley		
API Number: 05-121-07074	Inspector: ED BINKLEY Cell: 970-380-2683		
INSP TYPE: CA	INSP STATUS: PA	PA: Y N	PASS/FAIL: P F
VIOLATION: Y N		NOV: Y N	
UIC VIOL TYPE: UA MI OP PA OT	TBG/PKR LK: <input type="checkbox"/>	CSG LK: <input type="checkbox"/>	ALL UIC VIOLATIONS REQUIRE NOAVS
Well ID Signs (Rule 210) Y N	Comments:		
Fences Y N	Comments:		
Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY	Produced Water Pits Total # Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO		
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO	Comments:		
Tank Battery Equipment (Rule 604)	Skimming/Settling Pits Total # Covered # Uncovered #		
Fire Walls/Berms/Dikes [Rule 604.a.(4)]	Comments:		
General Housekeeping (Rule 603.g)	Special Purpose Pits Total # Lined # Unlined #		
Spills (Oil/Water) (Rule 906)	Comments:		
UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT	Inj. Pressure _____ Psig	COMMENTS	
Drilling Well/Workover (Rule 317)	T-C Ann. Pressure _____ Psig		
Surface Rehabilitation (Rule 1003, 1004)	Western Well Service out of hwy + padlock #609		
Miscellaneous	Set up to pump bottom plug		
CORRECTIVE ACTION REQUIRED:			
Date Corrective Action Required By:		Date Remedied:	

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# COLORADO OIL & GAS CONSERVATION COMMISSION

## NORTHEAST REGION FIELD INSPECTION REPORT

(C)

<input checked="" type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION		337 Cambridge	
<input type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION		Brush, CO 80723 970-842-4465	
Date: 9-14-01	Facility ID:	Operator: McElvain	
Location: NENE 10-2N-54W		Lease Name: Sheibley	
API Number: 05-121-07074		Inspector: ED BINKLEY Cell: 970-380-2683	
INSP TYPE: <input checked="" type="checkbox"/> A	INSP STATUS: <input checked="" type="checkbox"/> PA	RECLAM <input type="checkbox"/> PASS <input type="checkbox"/> INTER <input type="checkbox"/>	PASS/FAIL <input type="checkbox"/> P <input checked="" type="checkbox"/> F
UIC VIOL TYPE: <input type="checkbox"/> UA <input type="checkbox"/> MI <input type="checkbox"/> OP <input type="checkbox"/> PA <input type="checkbox"/> OT		TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/>
		ALL UIC VIOLATIONS REQUIRE NOVS	
Well ID Signs (Rule 210) <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N		Fences (Rule 603.b.(7), 1002.a) <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Comments: Battery		Comments: Battery	
Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY		Produced Water Pits Total # _____ Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO		Comments: _____	
		Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____	
		Comments: _____	
		Special Purpose Pits Total # _____ Lined # _____ Unlined # _____	
		Comments: _____	
Tank Battery Equipment (Rule 604)		BURIED OR PARTIALLY BURIED VESSELS: #STEEL _____ #FIBERGLASS _____ #CONCRETE _____ #OTHER _____	
Fire Walls/Berms/Dikes [Rule 604.a.(4)]			
General Housekeeping (Rule 603.g)			
Spills (Oil/Water) (Rule 906)			
UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT		Inj. Pressure _____ Psig T-C Ann. Pressure _____ Psig COMMENTS	
Drilling Well/Workover (Rule 317)		Western Well Site Rig	
Surface Rehabilitation (Rule 1003, 1004)		ADI out off 2 1/8" to 4" @ 4609'	
Miscellaneous		pump 40 x Cement plug @ 4609'	
		Plug had good returns during displacement	
		pumped past slurry 15.2 gpm	
CORRECTIVE ACTION REQUIRED:			
Date Corrective Action Required By:		Date Remedied:	

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**NORTHEAST REGION FIELD INSPECTION REPORT**



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<input type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION				<b>Brush, CO 80723 970-842-4465</b>			
Date: <b>9-17-01</b>		Facility ID:		Operator: <b>Mc Elvain</b>			
Location: <b>NENE 10-2N-54W</b>				Lease Name: <b>Sheibley</b>			
API Number: <b>05-121-07074</b>				Inspector: <b>ED BINKLEY</b> Cell: 970-380-2683			
INSP TYPE <b>CA</b>	INSP STATUS <b>PA</b>	PA Y N	PASS/FAIL P <b>F</b>	VIOLATION Y <b>N</b>	NOV Y <b>N</b>		
UIC VIOL TYPE UA MI OP PA OT			TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/>	ALL UIC VIOLATIONS REQUIRE NOAVS		
<b>Well ID Signs</b> (Rule 210) <b>(Y) N</b>			<b>Fences</b> <b>(Y) N</b> (Rule 603.b.(7), 1002.a)				
<b>Production Pits</b> (Rule 902, 903, 904) EARTHEN PITS ONLY			Produced Water Pits Total # _____ Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Comments: _____				
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO			Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____ Comments: _____				
			Special Purpose Pits Total # _____ Lined # _____ Unlined # _____ Comments: _____				
<b>Tank Battery Equipment</b> (Rule 604)			<input type="checkbox"/>  BURIED OR PARTIALLY BURIED VESSELS : #STEEL #FIBERGLASS #CONCRETE #OTHER				
<b>Fire Walls/Berms/Dikes</b> [Rule 604.a.(4)]			<input type="checkbox"/>				
<b>General Housekeeping</b> (Rule 603.g)			<input type="checkbox"/>				
<b>Spills (Oil/Water)</b> (Rule 906)			<input type="checkbox"/>				
<b>UIC Routine Inspection</b> FILL OUT FORM 21 WHEN WITNESSING MIT			Inj. Pressure _____ Psig  T-C Ann. Pressure _____ Psia		COMMENTS		
<b>Drilling Well/Workover</b> (Rule 317)			<b>Western Well Sight Service rig and cementing equipment</b> <input type="checkbox"/>				
<b>Surface Rehabilitation</b> (Rule 1003, 1004)			<b>Pump 50' x shoe plug @ ± 250'</b> <input type="checkbox"/>				
<b>Miscellaneous</b>			<b>Thru tubing</b> <input type="checkbox"/>				
<b>CORRECTIVE ACTION REQUIRED:</b>							
Date Corrective Action Required By:				Date Remedied:			

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